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CONFIRMATION NO. 5215

<b>SERIAL NUMBER</b> 10/617,038	<b>FILING OR 371(c) DATE</b> 07/11/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> SSI5AUSA
<b>APPLICANTS</b> Peter Andersen, Bronshoj, DENMARK; Ida Rosenkrands, Vaerloese, DENMARK; Anette Stryhn, Virum, DENMARK;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/401,725 08/07/2002				
<b>** FOREIGN APPLICATIONS *****</b> DENMARK PA 2002 01098 07/13/2002				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 10/16/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after mat Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> DENMARK	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 22
				<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 00270				
<b>TITLE</b> Therapeutic TB vaccine				
<b>FILING FEE RECEIVED</b> 1084	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	